



PATIENT

Bailey Perez

SPECIES

Canine

BREED

Cavalier x

SEX

Neutered Male

AGE

11 Years 11 Months

WEIGHT

15.44 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Allyson Delozier, VMD

INVOICE

72633

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Episodes of anorexia and soft stools and sometimes full diarrhea every couple months the last 1 year; had cystotomy for stones in June 2025; bw sent out 12/16 - waiting for results; rads showed hepatomegaly and a rounded opacity on L lateral area (circular/round kidney vs. splenic mass?) Radiographic findings: hepatomegaly, possible L mid mass (overlaps opacity with head of the spleen - could be more round/circular L kidney) P was fasted for US, no sedation needed.

Abnormal PE/Chem/CBC/UA Results: Attached; UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral "sand" (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. At least one small cystolith is noted near the trigone. An exact measurement is unable to be obtained because the machine measures in pixels, but it appears to be approximately 0.20 cm in size. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left measures 5.25 cm. Right measures 5.59 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.59 cm at cranial pole and 0.73 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.69 cm at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen contains an approximately 3.2 cm in diameter, mildly heterogeneous, cystic, iso- to hypoechoic mass off the medial tail.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogeneous characterized by multiple poorly defined hypoechoic nodules as well as several small, discrete hyperechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The splenic mass could represent a benign process such as a cyst, hematoma, extramedullary hematopoiesis, etc., although infiltrative neoplasia can mimic benign lesions and can't be ruled out without tissue sampling.
- Mildly heterogenous liver - These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

SECONDARY FINDINGS

- Age related kidney changes.
- Moderate amount of echogenic urinary bladder mineral/sand debris and at least one small cystolith.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the splenic mass is recommended if patient's coagulation status is appropriate.

Alternatively, or if a cytologic diagnosis is unable to be obtained, an exploratory laparotomy for planned splenectomy could be considered.

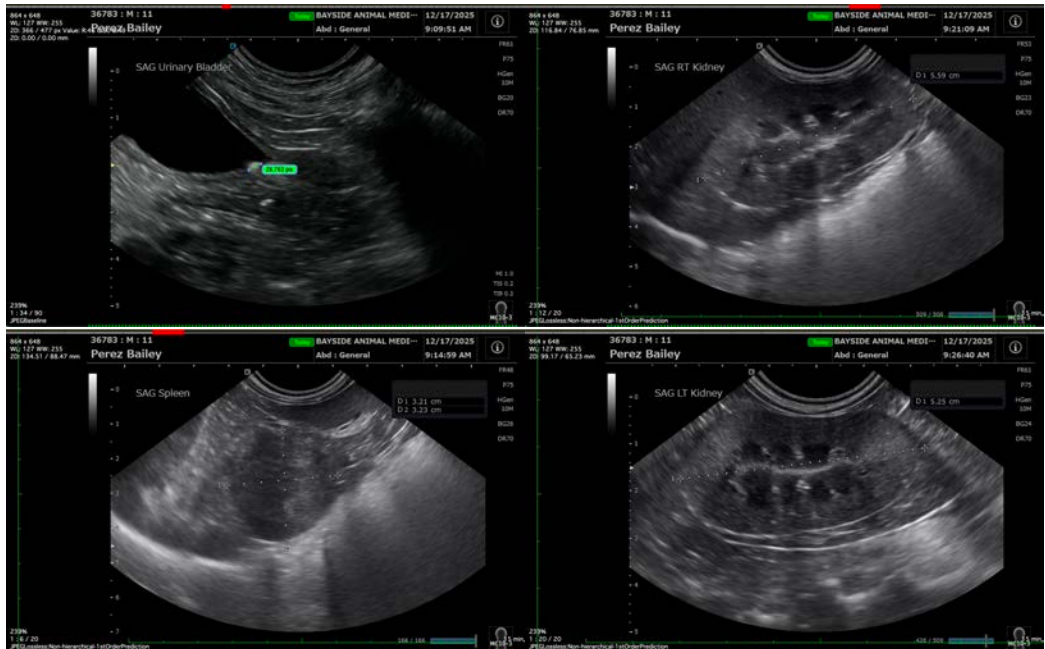
Having said all of that, the splenic mass is of unknown, if any relation to patient's reported clinical signs. Therefore, additionally, further gastrointestinal workup recommendations include a routine fecal/giardia exam.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

+/- A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.





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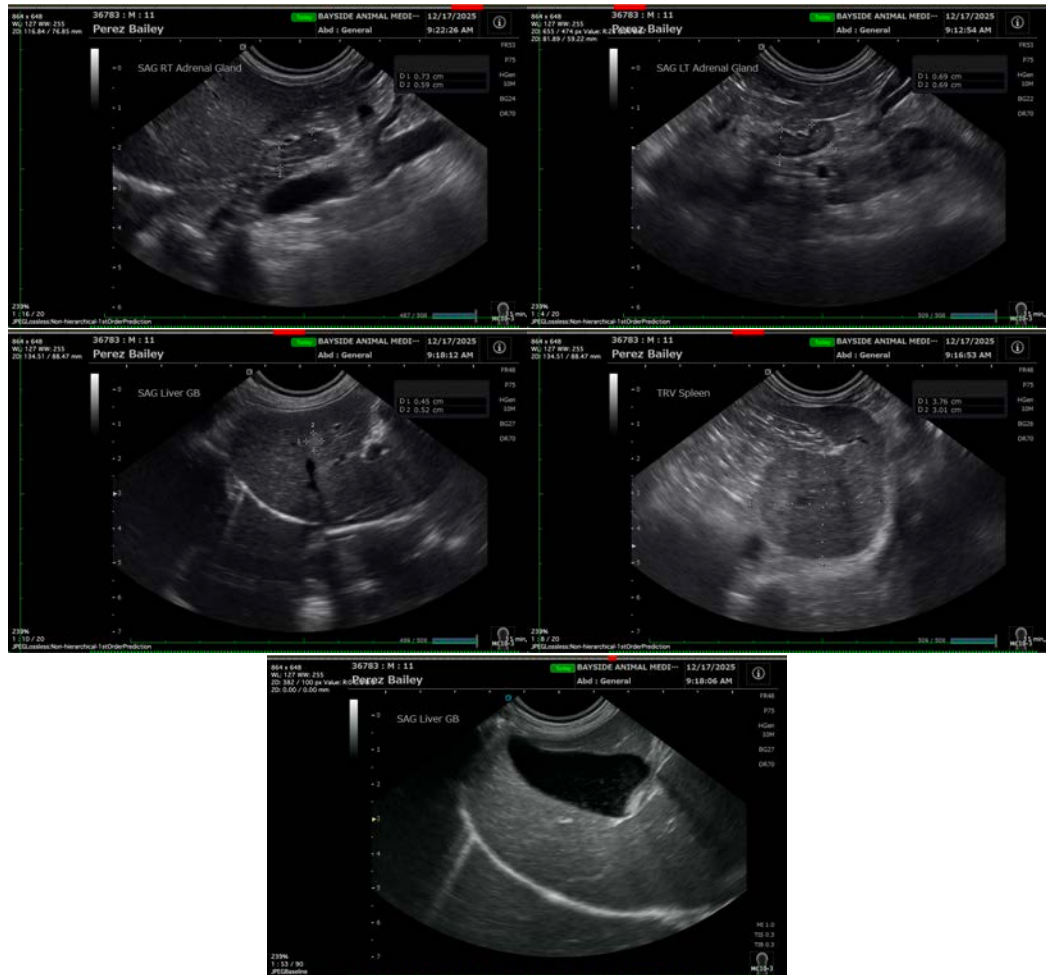
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM, DACVIM
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